

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,

PLAINTIFF,

V. CIVIL ACTION NO. 2:07-cv-00875-WKW

**L. V. STABLER HOSPITAL and
COMMUNITY HEALTH SYSTEMS
PROFESSIONAL SERVICES CORPORATION,**

DEFENDANTS.

FIFTH NOTICE OF FILING OF CONSENTS BY OPT-IN PLAINTIFFS

Comes now the Plaintiff in the above matter and files the Consents of the following individuals as an opt-in Plaintiff in this action (Exhibit A):

Shirley Candies, Jo Dunklin
Caressa Mae Hawthorne
Helen M. Reeves
Raina Louise Royster
Sandi Spears
Leslie Stallworth, Jr.

Respectfully submitted,

/s/ David R. Arendall

David R. Arendall
Counsel for Plaintiff

OF COUNSEL:

ARENDALL & ASSOCIATES

2018 Morris Avenue, Third Floor

Birmingham, AL 35203

205.252.1550 – Office

205.252.1556 - Facsimile

CERTIFICATE OF SERVICE

I hereby certify that on August 1, 2008, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system which will send a notice of electronic filing to the following: David Walston, Esq.

/s/ David R. Arendall

Of Counsel

EXHIBIT A

TO

FIFTH NOTICE OF

FILING OF CONSENTS

CONSENT TO BECOME A PARTY PLAINTIFF

I, Shirley CANDIES, a current or former employee of L. V. Stabler Hospital. hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/27/2008.

Shirley Candies
Signature

Shirley CANDIES
Print Name

108 Gander Drive
Address (Required)

CAMDEN ALABAMA 36726
City, State and Zip Code

(334) 682-4685 - 682 4131
Day Phone no. – Include area code (Required)

Mobile Phone – include area code

(334) - 682-4685 or 682 4131
Evening phone no. – Include area code (Required)

thelsamae@yahoo.com
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, J. Dunklin, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/24/08.

J. Dunklin
Signature

Jo Dunklin
Print Name

121 South Shipp St
Address (Required)

Evergreen AL 36401
City, State and Zip Code

(251) 578-3207
Day Phone no. – Include area code (Required)

SAME AS DAY
Evening phone no. – Include area code (Required)

(334) 412-9538
Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

CARESSA

I, CARESSA Hawthorne, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-17-08.

Caressa Hawthorne
Signature

CARESSA Mae Hawthorne
Print Name

979 Blue Round Rd
Address (Required)

Georgiana ab36033
City, State and Zip Code

3343765511
Day Phone no. – Include area code (Required)

Evening phone no. – Include area code (Required)

Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Helen M. Reeves, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/27/08

Helen M. Reeves
Signature

Helen M. Reeves
Print Name

33109/esbgst
Address (Required)

Greenville AL 36037
City, State and Zip Code

334-3827782
Day Phone no. – Include area code (Required)

Evening phone no. – Include area code (Required)

Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Raina Louise Royster, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/28/08.

Raina L. Royster
Signature

Raina Louise Royster
Print Name

9869 Cty Rd #7
Address (Required)

Repton, AL 36475
City, State and Zip Code

(251) 248-2611
Day Phone no. - Include area code (Required)

(251) 248-2611
Evening phone no. - Include area code (Required)

(251) 714-5516
Mobile Phone - include area code

Raina Royster@yahoo.com
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Sandi Spears, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 07-26-08

*I am now Sandi Kersker
I have gotten divorce & went
back to maiden.
Sandi Spears
Signature

Sandi Spears
Print Name

18822 Dunns Bridge Rd.
Address (Required)

Andalusia, AL 36421
City, State and Zip Code

334-343-4483
Day Phone no. - Include area code (Required)

334-343-4483
Evening phone no. - Include area code (Required)

334-343-4483
Mobile Phone - include area code

E-mail Address